PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10670295

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL	375.00	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PTO/SB/06 (05-03)
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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
PH-1

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$*375*	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* *0*	X $____ =	*0*	OR	X $____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =	*	X $____ =	*0*	OR	X $____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $____ =	*0*	OR	+ $____ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	*375*	OR	TOTAL	

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X $____ =		OR	X $____ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X $____ =		OR	X $____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $____ =		OR	+ $____ =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.